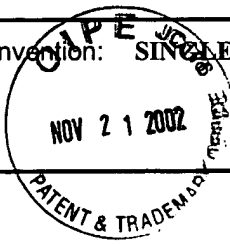
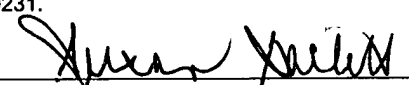
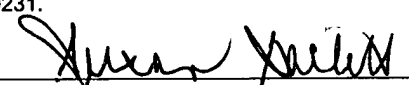
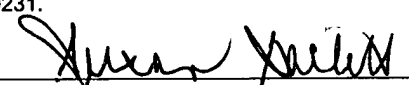


3763

AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. Ackrad-5																																															
Applicant(s): Ackerman																																																		
Serial No. 09/449,096	Filing Date 11/24/99	Examiner C. Serke	Group Art Unit 3763																																															
Invention: SINGLE LUMEN BALLOON CATHETER APPARATUS																																																		
<div style="float:left"></div> <div style="float:right; text-align:right">RECEIVED NOV 25 2002 TC 3700 MAIL ROOM</div> <div style="clear:both"></div> <p style="text-align:center"><u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u></p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p><input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.</p> <p><input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.</p> <p>The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width:100%"><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>CLAIMS REMAINING AFTER AMENDMENT</th><th>HIGHEST # PREV. PAID FOR</th><th>NUMBER EXTRA CLAIMS PRESENT</th><th>RATE</th><th>ADDITIONAL FEE</th></tr><tr><td>TOTAL CLAIMS</td><td>19 -</td><td>23 =</td><td>0 x</td><td>\$9.00</td><td>\$0.00</td></tr><tr><td>INDEP. CLAIMS</td><td>2 -</td><td>3 =</td><td>0 x</td><td>\$42.00</td><td>\$0.00</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td>\$0.00</td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</td><td>\$0.00</td></tr></table> <p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2061</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p>_____ Signature</p> <p>Dated: 11/12/02</p> <div><p>Paul A. Schwarz Reg. No. 37,577 Duane Morris LLP 100 College Road West, Suite 100 Princeton, NJ 08540 609-919-4408</p></div> <div><table border="1" style="width:100%"><tr><td colspan="2">I certify that this document and fee is being deposited on 11/12/02 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature of Person Mailing Correspondence</td></tr><tr><td colspan="2">Susan Barlett</td></tr><tr><td colspan="2">Typed or Printed Name of Person Mailing Correspondence</td></tr></table></div> <p>cc:</p>					CLAIMS AS AMENDED							CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	TOTAL CLAIMS	19 -	23 =	0 x	\$9.00	\$0.00	INDEP. CLAIMS	2 -	3 =	0 x	\$42.00	\$0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	I certify that this document and fee is being deposited on 11/12/02 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.				Signature of Person Mailing Correspondence		Susan Barlett		Typed or Printed Name of Person Mailing Correspondence	
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